

## **Informal Plat Approval Process**

A complete application as shown below must be submitted to the Springdale Planning Department office for review. For a comprehensive list of requirements for Plat applications, please refer to Chapter 112 of the City of Springdale Code of Ordinance.

- 1. Complete Plat application and provide to Springdale Planning Department office. If any components of the application are emailed, the application and supplemental documentation MUST be emailed to the Sharon Tromburg (stromburg@springdalear.gov) and to Debbie Pounders (dpounders@springdalear.gov).
- 2. Comments will be returned to the applicant within ten (10) business days.
- 3. When Springdale Planning provides comments, they will include an alpha-numeric project name beginning with "LS", the last two digits of the current year and a number indicating the order it was received.
  - For example: LS20-32
- 4. In order to ensure the quickest and most efficient dialogue thereafter, applicants MUST include the projects "LS" number in every discussion of the project.
- 5. When provided with resubmissions, comments will be returned to the applicant within ten (10) business days. Resubmissions should be provided as specified above, see #2.
- 6. Once all staff comments have been satisfied, applicants will be notified by the Springdale Planning Department.
- 7. Applicants will then provide 5 hard copies (including owner signature and notary) to the Planning Department for final approval.
- 8. When signatures have been completed, applicants will be contacted to pick up the plats for filing with their respective county. (Benton or Washington)

## Plat **Application**

Please indicate project type (choose one):		
☐ Informal Plat: \$50.00 (ie, lot split, lot line adjustment)		
☐ Replat: \$50.00		
□Preliminary Plat: \$500.00		
☐ Final Plat: \$50.00 (plus \$1.00 for each lot over 50)		
All applications submitted must meet the Plat requirements as displayed in <a href="Chapter 112">Chapter 112</a> of the City of Springdale Code of Ordinances.		
APPLICATION CONTACTS:		
Indicate one person of contact for this request:   □Applicant □Representive		
Applicant/Property Owner (person making request)	Site Information	
Name:	Location/Address:	
E-mail:		
Address:	A	
Phone:	Assessor's Parcel Number(s):	
	Current Zoning District:	
Representative Contact Information (if applicable)		
N	Rezone required:	
Name:	Total Acreage:	
E-mail:	Total Noteige.	
Address:		
Phone:		
<b>APPLICANT &amp; REPRESENTATIVE:</b> I certify under penalty of perjury that the foregoing statements and answers herein made all data, information, and evidence herewith submitted in all respects, to the best of my knowledge and belief, true and correct. I understand that submittal of incorrect or false information is grounds for invalidation of application completeness, determination, or approvals. I understand that the City of Springdale may not approve what I am applying for, or may place conditions for approval.		
Name of Applicant/Property Owner (printed):	Date:	
Signature:		
Name of Representative (if applicable):	Date:	
Signature:		

STAFF USE ONLY	
Date Application Submitted:	Payment Method:
Date Accepted as Complete:	Project Number: